

## PART B - FEE(S) TRANSMITTAL

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996            7390            10/17/2008  
**GRAYBEAL, JACKSON, HALEY LLP**  
**155 - 108TH AVENUE NE**  
**SUITE 350**  
**BELLEVUE, WA 98004-5973**

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<b>Paola Kuvac</b>	(Depositor's name)
<b>/Paola Kuvac/</b>	(Signature)
<b>January 16, 2009</b>	(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO.
10/522,391	01/25/2005	Seung-Whan Choi	2299.007.03	7062

TITLE OF INVENTION: SYSTEM AND METHOD FOR CORRECTING GOLF SWING USING INTERNET

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/20/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, SCOTT E.	3714	473-407000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Graybeal Jackson LLP**

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### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

#### 4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies

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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **07-1897** (enclose an extra copy of this form)

#### 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature /Kevin D. Jablonski/

Date January 16, 2009

Typed or printed name Kevin D. Jablonski

Registration No. 50,401

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